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For action

Recommendation for funding for a short-duration country programme**

Democratic People's Republic of Korea

Summary

The present document contains a recommendation for funding from general resources and supplementary funds for the country programme of the Democratic People's Republic of Korea with a duration of two years to support activities that will lead to the preparation of a full-length country programme. The Executive Director *recommends* that the Executive Board approve the amount of $1,677,000 from general resources, subject to the availability of funds, and $3,000,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1999 to 2000.

* E/ICEF/1998/12.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1997. They will be contained in the "Summary of 1998 recommendations for general resources and supplementary funding programmes" (E/ICEF/1998/P/L.21).

Basic data
(1996 unless otherwise stated)

Child population (million, under 18 years)	7.0
U5MR (per 1,000 live births)	30
IMR (per 1,000 live births)	23
Underweight (% moderate and severe)	..
Maternal mortality rate (per 100,000 live births) (1990)	70
Literacy (% male/female)	../..
Primary school enrolment (% net, male/female)	../..
Primary school children reaching grade 5 (%)	..
Access to safe water (%) (1995)	81
Routine EPI vaccines financed by Government (%)	..
GNP per capita (US$) (1987)	970 a/
One-year-olds fully immunized against:	
tuberculosis:	60 per cent
diphtheria/pertussis/tetanus:	96 per cent
measles:	60 per cent
poliomyelitis:	58 per cent
Pregnant woman immunized against tetanus (1995):	95 per cent

a/ 1996 GNP per capita is estimated to be low-middle income: $786 to $3,115.

The situation of children and women

1. Since the establishment of the Democratic People's Republic of Korea, many child rights, such as the rights to health, education and nutrition, have been protected by legislation and administrative action. Most of these preceded the ratification of the Convention on the Rights of the Child. The same is true for many rights enshrined in the Convention on the Elimination of all Forms of Discrimination against Women. The rights of children and women also are promoted through the country's mass media. Over the years, these rights were largely fulfilled by a combination of central Government provision and local action such as the partial financing of health, education, child care, and water and sanitation services by agricultural cooperatives.

2. However, despite the lack of verifiable national data, observations of international agencies over the past two years indicate widespread and severe child malnutrition commonly associated with diarrhoea, skin infections and pneumonia. The underlying causes of the malnutri-

tion and diseases have been inadequate supplies of food, heating, soap, disinfecting agents and safe water, combined with compromised human waste disposal facilities. Simultaneously, the health services collapsed because of these very shortages and the lack of drugs and equipment. Additionally, formerly high attendance at nurseries and kindergartens, important child-care institutions, declined by over 50 per cent because of inadequate food and heating. The basic cause of this reversal in fulfilment of the rights of children and women has been the continuous economic decline since 1990, aggravated by four successive years of natural disasters, beginning with severe hailstorms in 1994.

Programme cooperation, 1994-1998

3. The 1994-1998 regular programme of cooperation was funded entirely from general resources and embraced activities in primary health care (PHC), child nutrition, basic education and social mobilization. Following the major flooding of 1995, the Government appealed for international aid, and the country programme was modified to provide emergency assistance for the rehabilitation of severely malnourished children. Subsequently, a supplementary-funded emergency programme was established as natural disasters struck again in the two succeeding years. Expenditure for the emergency programme amounted to $2,367,000 in 1996 and $6,236,900 in 1997. By April 1998, 65 per cent of the year's $14,539,823 emergency programme budget was funded.

4. The regular programme of cooperation was designed with a focus on capacity-building to complement service delivery in health, nutrition and education. A major portion of capacity-building consisted of overseas visits, for example, to study neonatal tetanus control. During the first two years, equipment and supplies were provided for the expanded programme on immunization (EPI), as well as for the control of diarrhoeal diseases and acute respiratory infections (ARI). Initially, the nutrition programme included a project which funded equipment and an overseas visit to study the production of weaning foods. However, this project was not completed by the time the emergency programme replaced many of the regular programme activities. Equipment also was provided for salt iodization, which was interrupted by the natural disasters as well. The education programme, which focused on branch schools in remote areas, provided television sets and video cassette recorders for distance education, as well as paper for textbook production. The social mobilization programme involved advocacy related to the Convention on the Rights of the Child and supported a multiple indicator cluster survey (MICS) in 1996.

5. The emergency programme initially focused on the provision of corn-soy blend and high-energy milk, along with training for the rehabilitation of severely malnourished children. This was supplemented by assistance for small-scale food production at children's institutions. In 1997 and 1998, these activities were expanded further with the provision of supplies and training for preventive PHC and the disinfection of water supplies. In the last two years, orphanages also have received materials for the renovation of physical facilities and paper for textbook production.

6. The effectiveness of the emergency programme can only be judged from two sources of partial information. Some hospitals have reported a decline in the death rates of children admitted with severe malnutrition. Wonsan City Pediatric Hospital, in Kangwon Province, for example, reported a decline in deaths of admitted children from 30 to 15 per cent during the last half of 1997. The other indication of impact is the visibly apparent decline in the prevalence and severity of child malnutrition reported by international aid personnel who have visited hospitals and child-care institutions. This impression is corroborated by inspection of the hospital records shown to visiting staff.

7. The natural disasters of 1994-1997 precipitated a complex emergency and an uncertain situation. The Government's response has been to give highest priority to agricultural recovery for national self-sufficiency in grain production for human consumption by the year 2000. Consequently, the Government and UNICEF have agreed to implement a two-year bridging programme, to cover a period of social sector rehabilitation, before embarking on a regular cycle of development cooperation.

Lessons learned

8. The establishment of a country office with regular UNICEF staff has demonstrated the importance of maintaining on-the-spot decision-making capacity in the country. The physical presence of UNICEF permitted day-to-day communication with counterparts, which eventually led to confidence-building and access to previously off-limits institutions and areas of the country. Examples include access to orphanages and road travel to northern provinces such as Yanggang, bordering China. UNICEF presence also facilitates follow-up on Government commitments, such as post-study tour activities. Further, consistent support and dialogue

maintains counterpart interest and leads to information-sharing on related national activities, of which international partners may otherwise be unaware. Another important lesson is that almost all children are accessible through nurseries and kindergartens which they regularly attend when these institutions have adequate food and heating.

Recommended programme cooperation, 1999-2000

Estimated annual expenditure
(In thousands of United States dollars)

	1999	2000	Total
General resources			
Health	150	140	290
Nutrition	150	140	290
Education	50	50	100
Water and environmental sanitation	150	150	300
Social mobilization and advocacy	150	150	300
Cross-sectoral costs	197	200	397
Subtotal	**847**	**830**	**1 677**
Supplementary funding			
Health	430	430	860
Nutrition	430	430	860
Education	85	85	170
Water and environmental sanitation	430	430	860
Social mobilization and advocacy	-	-	-
Cross-sectoral costs	125	125	250
Subtotal	**1 500**	**1 500**	**3 000**
Total	**2 347**	**2 330**	**4 677**

Country programme preparation process

9. The programme preparation process was initiated in February 1998 by the submission of a brief position paper by UNICEF to the Government. UNICEF staff and government counterparts met subsequently to agree on a conceptual framework and data needs for the situation analysis.

10. Later, UNICEF drafted a master plan of operations (MPO), a modification of which was agreed upon after dialogue with the Government. Several aspects of the country programme proposal benefited from ongoing discussions with other international partners providing humanitarian assistance. However, because of the Government's preference, the formal involvement of other agencies was limited to their participation in the preview discussion of the MPO, held in early May. United Nations

agencies and local representatives of Executive Board member countries were invited to the meeting, and several participated.

Programme objectives and strategy

11. The country programme will have three major objectives. The first objective is to restore children's and women's well-being to their pre-emergency levels by reducing child and maternal mortality, morbidity and malnutrition, and facilitating psychosocial development for young children. A second objective is to promote progressive implementation and monitoring of the Convention on the Rights of the Child, focusing primarily on improvement of the situation of orphaned and destitute children. The third objective is to build, in selected demonstration areas, the basis for sustainable social development using integrated and multisectoral activities.

12. These objectives will be pursued primarily through development-oriented approaches in spite of the country programme's focus on emergency rehabilitation. Thus, there will be a focus on pregnant women and 0- to 4-year-old children. However, attention also will be paid to meeting the basic needs and realizing the rights of children in need of special protection. Support for the delivery of basic services will be pursued in a manner consistent with national capacity-building. Social mobilization also will be employed to promote essential behavioural choice and change embracing both communities and families.

13. The core programme, to be funded from general resources, will aim at national capacity-building to ensure sustainability of actions and impact, and model-building in selected areas for later expansion; modest support for service delivery; and social mobilization, including programme support communications, in support of all of the foregoing. Because of the pressing need for rehabilitation, supplementary funds will be used to support and expand service delivery in health, nutrition, water and environmental sanitation, and education.

14. The country programme will consist of four sectorally-oriented programmes in health, nutrition, education, and water and environmental sanitation. These will be supported by programmes for social mobilization and advocacy, as well as for monitoring and evaluation. All programmes will have support communications projects focusing on life skills for behavioural choice and change, and will be integrated into the social mobilization and advocacy programme. Each programme also will have a monitoring and evaluation project with a capacity-building focus. These projects will converge in an integrated monitoring and evaluation plan for the country programme.

Health

15. One project of the health programme will provide essential supplies, equipment and technical assistance to revive EPI. UNICEF will collaborate with the World Health Organization (WHO) and the Democratic People's Republic of Korea Red Cross in implementing this project, which will aim at national coverage and receive a small amount of general resources; supplementary funds will be used to expand geographic coverage and the range of vaccines provided. A second project will support training, supplies and equipment while developing models for safe motherhood in areas designated by Government for UNICEF assistance; supplementary funds will be used to increase geographical coverage and provide ambulances. The project will be linked to related activities funded by the United Nations Population Fund (UNFPA). A third project on child health will use some general resources for the control of diarrhoeal diseases and ARI. It will provide training as well as essential drugs for the control of ARI and support communications to foster behavioural choice and change linked to the water and environmental sanitation and nutrition programmes. Supplementary funds will be used to provide the bulk of essential drugs. Collaboration also will be pursued with WHO on diarrhoeal disease surveillance.

Nutrition

16. The nutrition programme will have two projects. One project will aim to refine models for child growth monitoring and promotion, and early childhood stimulation to reduce the incidence of malnutrition and developmental delays. It will be implemented in collaboration with a suitable non-governmental organization in nurseries located in the counties selected for the safe motherhood project. These nurseries will receive supplies and equipment, complemented by technical assistance from the Institute of Child Nutrition (ICN). Related activities within the social mobilization and advocacy programme will provide training and some essential material support for trainers from ICN. The second nutrition project will address the major micronutrient deficiencies. It will provide supplies and equipment for salt iodization and vitamin A capsules for children, and be linked to EPI. Supplementary funds will be used to expand programme coverage, support a project officer and build national capacity to sustain activities in the future.

Education

17. One project of the education programme will provide basic equipment and supplies for branch schools and institutions for orphans and destitute children. A training component also will be included. A second project will provide supplies and training for the introduction of life skills into the curriculum for primary and secondary schools and for methods of assessing learning achievement in areas designated for UNICEF assistance. The third project will aim at fostering early childhood care for development of the kindergarten age group by providing equipment and supporting training and technical assistance through consultant services. Supplementary funds will be used to expand the scale of the programme and provide essential supplies.

Water and environmental sanitation

18. This programme will consist of three projects for the rehabilitation of water and environmental sanitation services. One project will provide supplies, equipment, training and programme support communication to improve the quality and availability of water in institutions for orphans and destitute children. A second project will provide equipment and supplies to improve rural water and sanitation services in the counties designated for UNICEF assistance. General resources will be used primarily for the development of the water and environmental sanitation package, which will then be extended, with the use of supplementary funds, for equipment, materials and professional staff support. The third project will be entirely dependent on supplementary funds and will contribute to the rehabilitation of the urban water system by providing supplies and training to disinfect water supplies in UNICEF-designated areas.

Social mobilization and advocacy

19. This programme will use general resources to provide equipment, supplies and training for establishing adequate monitoring and evaluation systems, as well as building capacity for the promotion of child rights.

Monitoring and evaluation

20. An integrated monitoring and evaluation plan will be based primarily on sentinel site data collection with aggregation to produce national-level statistics. Indicators will include child nutritional status from nursery surveillance, hospital birth weights, selected child and maternal morbidity and mortality records, as well as indicators for education, water and sanitation, to be established at the start of the programme.

21. A MICS will be conducted annually. Additionally, special studies will be carried out to evaluate selected aspects of the nutrition, education, and water and sanitation programmes.

Cooperation with other agencies

22. UNICEF will cooperate closely with WHO, which will provide technical support to the country for disease surveillance, the control of tuberculosis, polio eradication and EPI. Similarly, the UNFPA-funded programme on reproductive health will be relevant for lowering maternal mortality and morbidity. Linkage also will be made to the United Nations Development Programme/Food and Agriculture Organization of the United Nations agricultural recovery and environmental protection project to ensure a positive impact on priority social sectors. A specific effort will be made to add a health and nutrition component to the livestock project funded by the International Fund for Agricultural Development, which will generate disposable funds for agricultural cooperatives. Further, the country programme will seek to ensure balanced nutrition through micronutrient fortification of food targeted to children and women by the World Food Programme and other agencies.

Programme management

23. The programme will be managed according to agreed annual management plans and monthly review and planning meetings. Because of the complex emergency situation, the small support budget and visa constraints, the office will depend on a small team of staff, some of whom will be short-term appointees with little or no UNICEF experience. Consequently, emphasis will be placed on supportive supervision, including on-the-job training. Additionally, regional support will be sought to supplement Pyongyang office skills. For example, the UNICEF Beijing office will assist with supply and logistics support on a cost-sharing basis. A particular challenge will be to improve the efficiency of supply distribution. UNICEF Pyongyang recently acquired four trucks to facilitate the distribution of supplies. During the biennium, the Government is expected to assume ownership and cover the full operating costs of these trucks. The office also will depend on supplementary funding to help establish and maintain essential communications and other operational capacity.

TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : DPR KOREA
PROGRAMME : 1999-2000

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
HEALTH	290,000			290,000	0	0	0	1	0	0	1	0	0	1	263,379	0	263,379
NUTRITION	290,000			290,000	0	0	0	0	0	0	0	0	0	0	0	0	0
EDUCATION	100,000			100,000	0	0	0	0	0	0	0	0	0	0	0	0	0
WATER, SANITATION AND HYGIENE	300,000			300,000	0	0	0	0	0	0	0	0	0	0	0	0	0
SOCIAL MOBILIZATION AND ADVOCACY	300,000			300,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS	397,000			397,000	0	0	0	0	1	0	1	0	0	1	253,256	0	253,256
TOTAL GR	1,677,000			1,677,000	0	0	0	1	1	0	2	0	0	2	516,635	0	516,635
SUPPLEMENTARY FUNDING :																	
HEALTH		0	860,000	860,000	0	0	0	0	1	0	1	0	0	1	253,256	0	253,256
NUTRITION		0	860,000	860,000	0	0	0	1	0	0	1	0	0	1	263,379	0	263,379
EDUCATION		0	170,000	170,000	0	0	0	0	0	0	0	0	0	0	0	0	0
WATER, SANITATION AND HYGIENE		0	860,000	860,000	0	0	0	0	1	0	1	0	0	1	253,256	0	253,256
SOCIAL MOBILIZATION AND ADVOCACY		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS		0	250,000	250,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL SF		0	3,000,000	3,000,000	0	0	0	1	2	0	3	0	0	3	769,891	0	769,891
TOTAL GR & SF	1,677,000	0	3,000,000	4,677,000	0	0	0	2	3	0	5	0	0	5	1,286,526	0	1,286,526
SUPPORT BUDGET			Operating costs	190,480													
			Staffing		0	0	1	1	1	0	3	0	1	4	893,489	209,473	1,102,962
GRAND TOTAL (GR + SF + SB)					0	0	1	3	4	0	8	0	1	9	2,180,015	209,473	2,389,488
Number of posts and staff costs:																	
Current programme cycle											2		1	3			
At the end of proposed programme cycle (indicative only)											8	0	1	9	2,180,015	209,473	2,389,488

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.